

TOWN OF LAUDERDALE BY THE SEA
4501 OCEAN DRIVE LAUDERDALE BY THE SEA, FLORIDA 33308
(954) 776-3611

Business Tax Receipt Application

DATE: _____ BUSINESS TELEPHONE # _____

BUSINESS NAME: _____ CORPORATE NAME: _____

BUSINESS ADDRESS: _____ ZIP CODE: _____

MAILING ADDRESS: _____ ZIP CODE: _____

NAME OF BUSINESS OWNER: _____ DATE OF BIRTH: _____

ADDRESS: _____

DRIVERS LICENSE# AND STATE ISSUED: _____ SS#: _____

CONTACT PERSON: _____ TELEPHONE #: _____

TYPE OF PRODUCTS/SERVICE/BUSINESS OFFERED (In sufficient detail to enable the Town to determine the proper license type):

LODGING (Number of units) HOTELS: _____ EFFICIENCIES: _____ APARTMENTS: _____

MERCHANT RETAIL (average daily dollar value of inventory): _____

RESTAURANT/BAR (seating capacity) INDOOR: _____ OUTDOOR: _____

TAKE OUT: _____ DELIVERY: _____ LIVE ENTERTAINMENT: _____ VIDEO GAMES#: _____

VENDING MACHINES#: _____ ATM: _____ OTHER: _____

COUNTY LICENSE #: _____ EXPIRATION DATE: _____

BROWARD

STATE ALCOHOLIC BEVERAGE TYPE AND NUMBER: _____

NUMBER OF SIGNS AND SIZE (annual fee): _____ NUMBER OF EMPLOYEES: _____

RENTAL UNITS (Fill this section out only if renting single family homes or duplex's).

Property address: _____

Number of units: _____ Type of unit: _____ Number of occupants: _____

Property owner/registered agent: _____ Telephone #: _____

Property owner/registered agent address: _____

Tenant name: _____ Telephone #: _____

(Check with code and zoning official if you have any questions)

I HEREBY DECLARE that all information provided in this application is true and correct and, further, understand that providing false or misleading information on this application may result in being denied, or the loss thereof, of any license or permit issued by the Town of Lauderdale By The Sea which were based upon information provided in this application.

BUSINESS OWNER/APPLICANT SIGNATURE: _____

PERSON IS KNOWN PERSONALLY TO ME

Print name

THE ABOVE

OR PRODUCED AS IDENTIFICATION _____

SWORN TO AND SUBSCRIBED before me

THIS _____ DAY OF _____ 20 _____

NOTARY PUBLIC